
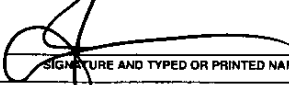


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90053 025 \*\*\*\*61.25

<b>DOCUMENT # N01000008019</b>					
1. Entity Name REGIONAL COOPERATIVE ALLIANCE, INC.					
Principal Place of Business 4000 GATEWAY CENTRE BLVD STE 100 PINELLAS PARK, FL 33782			Mailing Address 4000 GATEWAY CENTRE BLVD STE 100 PINELLAS PARK, FL 33782		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>66-0033581</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PUMARIEGA, MANNY L EX.DIR. 4000 GATEWAY CENTRE BLVD STE 100 PINELLAS PARK, FL 33782</b>			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CURTIS, WILHELMINA		NAME	MARY ALVAREZ	
STREET ADDRESS	PO BOX 756		STREET ADDRESS		
CITY-ST-ZIP	RIVERVIEW, FL 33569		CITY-ST-ZIP		
TITLE	DST	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KERSTEEN, ROBERT		NAME	KEN HAGAN	
STREET ADDRESS	2821 61ST LANE N.		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KYNES, DEBORAH		NAME	JOHN MORRONI	
STREET ADDRESS	PO BOX 1348		STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN, FL 34697		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLATT, JAN		NAME	BARBARA SHEEN TODD	<b>DELETE</b>
STREET ADDRESS	PO BOX 1110		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33601		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, JILL		NAME	STEVE SIMON	
STREET ADDRESS	2912 WALL CRAFT AVE.		STREET ADDRESS	7530 LITTLE RD, SUITE 150	
CITY-ST-ZIP	TAMPA, FL 33611		CITY-ST-ZIP	NEW PORT RICHEY, FL. 34654	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAYAC, KEITH		NAME	ROBERT KERSTEEN	
STREET ADDRESS	750 MAIN ST.		STREET ADDRESS	2821 61ST LANE N.	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695		CITY-ST-ZIP	ST. PETERSBURG, FL 33710	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		/ JILL COLLINS		Date: 4/11/05 813/786-5350	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	


40003170



03172005 Chg-NP CR2E037 (10/03)

## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ITEM 11.  
CONTINUATION  
SHEET ATTACHMENT  
40055170

<b>DOCUMENT # N01000008019</b> 1. Entity Name REGIONAL COOPERATIVE ALLIANCE, INC.					
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2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03172005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 66-0033581	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PUMARIEGA, MANNY L EX DIR. 4000 GATEWAY CENTRE BLVD STE 100 PINELLAS PARK, FL 33782				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
			\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTIS, WILHELMINA			NAME	<i>DST JILL COLLINS</i>
STREET ADDRESS	PO BOX 756			STREET ADDRESS	<i>2912 WALLCRAFT AVE.</i>
CITY-ST-ZIP	RIVERVIEW, FL 33569			CITY-ST-ZIP	<i>TAMPA, FL 33611</i>
TITLE	DST	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERSTEEN, ROBERT			NAME	<i>C JANE JON HAHMANN</i>
STREET ADDRESS	2821 61ST LANE N.			STREET ADDRESS	<i>P.O. BOX 1000</i>
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710			CITY-ST-ZIP	<i>BRADENTON, FL. 34206</i>
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KYNES, DEBORAH			NAME	
STREET ADDRESS	PO BOX 1348			STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN, FL 34697			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLATT, JAN			NAME	
STREET ADDRESS	PO BOX 1110			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33601			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, JILL			NAME	
STREET ADDRESS	2912 WALL CRAFT AVE.			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33611			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAYAC, KEITH			NAME	
STREET ADDRESS	750 MAIN ST.			STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date _____ Daytime Phone # _____	